



CHECKLIST

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| 1. | Copy of Certificate of Company Registration. | Attached. | YES/NO |
| 2. | Copies of current certificates of Insurances for State(s) of operation (e.g. Public Liability, Professional Indemnity) | Attached. | YES/NO |
| 3. | OH & S. Documented Policies. | Attached. | YES/NO |
| 4. | Quality Policy. | Attached. | YES/NO |
| 5. | Customer References. | | |
| | Please ensure that the contacts nominated on the application form are readily available for contact by a panel member. If E-mail addresses are available, please provide. It is important that panel members are easily able to make contact with the Referees in order to complete their assessment of the application. | DONE. | YES/NO |
| 6. | Formal Qualifications.
Please provide detailed biographies on key personnel and any Qualifications held. | Attached. | YES/NO |
| 7. | Staff Training.
Detail any courses attended by staff, formal or in-house. | Attached. | YES/NO |
| 8. | Commercial Presence.
Please provide a short capability statement on the business. | Attached. | YES/NO |
| 9. | Please attach a brief summary of your business activities (Maximum 25 words) as you would like it to appear on the Official ARCI website Accreditation Register. | Attached. | YES/NO |
| 10. | Please state the name below as you would like it to appear
On the Accreditation Certificate: NAME:..... | DONE. | YES/NO |
